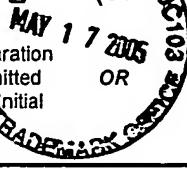


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR DESIGN**  
**PATENT APPLICATION**  
**(37 CFR 1.63)**

Declaration Submitted With Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)



Attorney Docket Number	UPN-O2811USA
First Named Inventor	Wilson et al
COMPLETE IF KNOWN	
Application Number	10/510,947
Filing Date	October 28, 2004
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CHIMERIC EBOLA VIRUS ENVELOPES AND USES THEREFOR**

(Title of the Invention)

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY) 10/28/2004 as United States Application Number or PCT InternationalApplication Number 10/510,947 and was amended on (MM/DD/YYYY) 10/28/2004 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
PCT/US03/11494	PCT	04/28/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

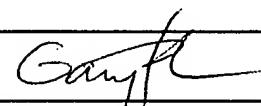
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <b>00270</b> OR <input type="checkbox"/> Correspondence address below			
Name <b>Cathy A. Kodroff, Howson and Howson</b>			
Address <b>Spring House Corporate Center, 321 Norristown Road, Suite 200, Box 457</b>			
City <b>Spring House</b>		State <b>PA</b>	ZIP <b>19477</b>
Country <b>USA</b>		Telephone <b>215-540-9200</b>	Fax <b>215-540-5818</b>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>James</u> <u>M.</u>		Family Name or Surname <u>Wilson</u>	
Inventor's Signature 		Date <u>11-10-04</u>	
Residence: City <u>Gladwyne</u>	State <u>PA</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <b>1350 N. Avignon Drive</b>			
City <u>Gladwyne</u>	State <u>PA</u>	ZIP <u>19035</u>	Country <u>USA</u>
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Gary</u>		Family Name or Surname <u>Kobinger</u>	
Inventor's Signature 		Date <u>11-10-04</u>	
Residence: City <u>Philadelphia</u>	State <u>PA</u>	Country <u>USA</u>	Citizenship <u>CANADA</u>
Mailing Address <b>2049B Bainbridge Street</b>			
City <u>Philadelphia</u>	State <u>PA</u>	ZIP <u>19146</u>	Country <u>USA</u>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

MAY 17 2005

## ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Maria Fe C.		Medina		
Inventor's Signature		Date		
Hamilton Residence: City	Ontario State	CANADA Country	CANADA Citizenship	
100 Main Street East, Apt. 2803 Mailing Address				
Mailing Address				
Hamilton City	Ontario State	L8N3W7 Zip	CANADA Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

# COPY

Customer No. 00270

UPN-O2811USA

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matters which is claimed and for which is sought on the invention entitled CHIMERIC EBOLA VIRUS ENVELOPES AND USES THEREFOR, the specification, and preliminary amendments A and B of which

(check one)  are attached hereto  
 was filed on \_\_\_\_\_ as Application  
No. \_\_\_\_\_ and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 USC 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application(s)**

		Priority Claimed	
<u>PCT/US03/11494</u>	<u>PCT</u>	<u>04/28/2003</u>	<u>X</u>
(Number)	(Country)	(MM/DD/YYYY filed)	Yes      No

I hereby claim the benefit under 35 USC 119(e) of any United States provisional application(s) listed below.

<u>60/376,480</u>	<u>04/30/2002</u>
(Application Number)	(Filing Date, MM/DD/YYYY)

**CCPY**

Customer No. 00270

UPN-O2811USA

60/385,704  
(Application Number)

06/04/2002  
(Filing Date, MM/DD/YYYY)

60/427,752  
(Application Number)

11/20/2002  
(Filing Date, MM/DD/YYYY)

I hereby appoint the following attorneys and agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  
STANLEY B. KITA, Registration No. 24,561; GEORGE A. SMITH, JR., Registration No. 24,442; MARY E. BAK, Registration No. 31,215; CATHY A KODROFF, Registration No. 33,980; WILLIAM BAK, Registration No. 37,277; TRACY U. PALOVICH, Registration No. 47,840; and ROBERT J. DUMINIAC, Registration No. 51,636.

Address all telephone calls to Cathy A. Kodroff at telephone no. (215) 540-9210. Address all correspondence to HOWSON AND HOWSON, Spring House Corporate Center, P.O. Box 457, Spring House, Pennsylvania 19477.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: James M. Wilson

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: Gladwyne, Pennsylvania

Citizenship: United States of America

Post Office Address: 1350 N. Avignon Drive, Gladwyne, PA 19035

Full name of second inventor: Maria Fe C. Medina

Inventor's signature Stefen Date Oct. 22, 2004

Residence: Hamilton, Ontario, Canada

Citizenship: Canada

Post Office Address: 100 Main Street East, Apt. 2803, L8N3W7, Hamilton, Ontario, Canada

**CCOPY**

Customer No. 00270

UPN-O2811USA

Full name of third inventor: Gary Kobinger

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: Philadelphia, Pennsylvania

Citizenship: Canada

Post Office Address: 2049B Bainbridge Street, Philadelphia, PA 19146